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Governor

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MICHAEL E. LEWIS
Commissioner

September 29, 2000

PROVIDER NOTICE 00-09

TO: DENTAL PROVIDERS

FROM: Michael E. Lewis
Commissioner

SUBJECT: Dental Program Update

Effective January 01, 2001, several changes will be made to Medicaid's Dental Program. The changes are as follows:

I. Prior authorization requirement added to CDT procedure codes

Based on a recommendation by the Medicaid Dental Task Force, the Medicaid Agency will require prior authorization for certain procedure codes and restrict the maximum allowable units on one procedure code that presently requires prior authorization.

Codes Requiring Prior Authorization:

Crowns and Oral Surgery

02750	crown	02751	crown
02752	crown	02792	crown
07240	bony impaction	07241	bony impaction

II. Medicaid will require dental providers to use CDT/3-2000 codes beginning January 1, 2001:

Medicaid dental providers will be required to use CDT/3-2000 codes when filing for reimbursement for services with claim processing dates on or after **January 1, 2001**. This will require conversion to **D-codes**. All claims submitted for processing on or after **January 1, 2001** must be submitted with D-codes. **Do not use D-Codes before January 1, 2001.**

The following changes became effective on October 1, 2000:

III. Coverage of additional CDT procedure codes

New codes for coverage:

00170	Re-evaluation	*00350	oral/ facial Images
02388	resin	*02953	cast post
*02957	prefabricated post	03332	endodontic therapy
07471	removal of exostosis	09241	IV sedation

**PA required for these procedures*

IV. Prior authorization requirement removed from CDT procedure code

Code no longer requiring prior authorization:

2951	pin retention
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CURRENT POLICY REMINDER:

- **Oral evaluation codes 00120, 00140, 00150, and 00170**

Oral evaluation codes are limited to one code per date of service per Medicaid recipient. Refer to the Alabama Provider Manual, Chapter 13 for covered oral evaluation codes.

- **Scaling and Root Planing code 04341**

ONLY TWO quadrants will be approved per recipient per appointment day when performed in the dental office. Up to FOUR quadrants may be approved for inpatient/outpatient hospital cases when criteria are met. Bitewing radiographs and periodontal charting are required before approval will be granted.

Policy questions concerning this provider notice should be directed to Medicaid's Dental Program at (334) 242-5997.

Michael E. Lewis
Commissioner

Distribution:

Alabama Dental Association
Alabama Department of Public Health
Alabama Primary Health Care Association
Medicaid Agency Staff
EDS

REMINDER: All Medicaid recipients are required to present proper identification to a provider of medical care services. Providers must verify eligibility before providing treatment or service under the Medicaid Program.

**AVRS- 1-800-727-7848
MEDICAID FRAUD HOTLINE- 1-800-824-6584**

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